Alabama Department of Mental Health and Mental Retardation
Substance Abuse Division
UNCOPE SCREENING
(AGE 18 AND ABOVE)

Completed By:_____
Date of Screening: ___/___/_____
Date of Entry: ___/___/_____

ASAIS ID: _____ Provider ID: _____

Name: _____
Last First Middle Maiden

Alias 1: _____ Alias 2: _____

What is the most important thing you want that made you decide to call for help: _____

Presenting Problems: (check all that apply)

001 ☐ Marital
002 ☐ Family
003 ☐ Social
004 ☐ Interpersonal
005 ☐ Daily Coping
006 ☐ Medical
007 ☐ Somatic
008 ☐ Depressive/Mood Disorder
009 ☐ Suicidal
010 ☐ Alcohol
011 ☐ Drug
012 ☐ Criminal Justice
013 ☐ Eating Disorder
014 ☐ Thought Disorder
015 ☐ Abuse Victim
016 ☐ Assault Victim
017 ☐ Rape Victim
018 ☐ Runaway Behavior
097 ☐ None
098 ☐ Other: _____

Date of Birth: _____ Age: _____

SSN#: _____ Medicaid #: _____

Address: _____

City: _____ State: _____ Zip: _____

County of residence: _____ Emergency Contact: _____

Home Phone: _____ Work Phone: _____

Sex:
☐ Female – F
☐ Male – M

Race: (Check one box)
01 ☐ Black / African American
02 ☐ Caucasian / White
03 ☐ Alaskan Native
04 ☐ American Indian
06 ☐ Asian
07 ☐ Native Hawaiian / Other Pac Island
08 ☐ Multi-Racial
98 ☐ Other _____

Ethnicity: (Check one box)
1 ☐ Not of Hispanic Origin
2 ☐ Puerto Rican
3 ☐ Mexican
4 ☐ Cuban
5 ☐ Other Specific Hispanic
6 ☐ Hispanic-Specific Origin not Specified
7 ☐ Unknown

Marital Status: _____ yrs _____mo
1 ☐ Married
2 ☐ Never Married
3 ☐ Separated
4 ☐ Divorced
5 ☐ Widowed
6 ☐ Common Law
Number of Marriages: _____

Language Preference:
00 ☐ English 02 ☐ Sign 04 ☐ German 06 ☐ Italian 08 ☐ Chinese 10 ☐ Arabic
01 ☐ Spanish 03 ☐ French 05 ☐ Russian 07 ☐ Japanese 09 ☐ Vietnamese 98 ☐ Other

Head of household? ☐ Yes ☐ No

Education (years completed): _____

Referral Source:

01 ☐ Self
02 ☐ Parent
03 ☐ Physician
04 ☐ School System
05 ☐ Other Family
06 ☐ Friend
07 ☐ Spouse
08 ☐ DHR
09 ☐ Employer / EAP
10 ☐ Court / Correctional Agency
11 ☐ State / Federal Court
12 ☐ Formal Adjudication Process
13 ☐ Probation / Parole
14 ☐ Recognized Legal Entity
15 ☐ DUI / DWI
16 ☐ Diversionary Program/TASC
17 ☐ Prison
18 ☐ Other Criminal Justice
19 ☐ Police
20 ☐ Guardian
21 ☐ Other Community Referral
22 ☐ Educational Agency
23 ☐ State/County Psych Hospital
24 ☐ General / Psychiatric Hospital
25 ☐ Other Inpatient, Psychiatric
26 ☐ Nursing Home/Extended Care
27 ☐ Alcohol Treatment, Inpt/Res
28 ☐ Drug Abuse, Inpt/ Res
29 ☐ Alcohol Treatment, Not Inpt
30 ☐ Drug Abuse Tx, Not Inpt
31 ☐ Multi-Service MH Agency
32 ☐ Outpatient Psych Services/Clinic
33 ☐ Private Psychiatrist
34 ☐ Other Physician
35 ☐ Other Private MH Practitioner
36 ☐ Other Health Provider
37 ☐ Partial Day Organization
38 ☐ Shelter for the Homeless
39 ☐ Shelter for the Abused
40 ☐ MR Regional Office
41 ☐ ARC
42 ☐ 310 Program
43 ☐ Voc Rehab Services
44 ☐ Personal Care/Boarding Home
45 ☐ Clergy
98 ☐ Other: _____

Reason for referral: _____

Financial I receive my principal source of income from:

01 ☐ Wages/Salary 02 ☐ Public Assistance 03 ☐ Retirement/Pension 04 ☐ Disability 08 ☐ None 20 ☐ Other

Source of Payment: 0 ☐ No Charge (free, charity, special research or teaching) 1 ☐ Worker's Compensation

2 ☐ Personal Resources (Self/Family) 3 ☐ Health Insurance Companies (Not BCBS) 4 ☐ Service Contract (EAP, HMO, public mental health authority)

5 ☐ Medicaid 6 ☐ Medicare 9 ☐ Other Government Payments 10 ☐ Blue Cross/Blue Shield 11 ☐ DMH

Insurance:

Do you have: 01 ☐ Private Insurance (other than Blue Cross/Blue Shield or an HMO) 02 ☐ Blue Cross/Blue Shield 03 ☐ Medicare

04 ☐ Medicaid 06 ☐ Health Maintenance Organization (HMO) 20 ☐ Other (e.g. Tricare, Champus) 21 ☐ None 97 ☐ Unknown

UNCOPE – Age 18 and Above

In the past year, have you ever drank or used drugs more than you meant to[1,2]:
☐ YES ☐ NO

Have you ever neglected some of your usual responsibilities because of alcohol or drugs[2]:
☐ YES ☐ NO

Have you felt you wanted or needed to cut down on your drinking or drug use in the last year[1,2]:
☐ YES ☐ NO

Has anyone objected to your drinking or drug use?[3,1] OR has your family, a friend, or anyone else ever told you they objected to your alcohol or drug use[2]:
☐ YES ☐ NO

Have you ever found yourself preoccupied with wanting to use alcohol or drugs?[2] OR Have you found yourself thinking a lot about drinking or using:
☐ YES ☐ NO

Have you ever used alcohol or drugs to relieve emotional discomfort, such as sadness, anger or boredom[2,1]:
☐ YES ☐ NO

Number of Positive Responses: _____(Two or more positive responses indicate possible abuse or dependence. Four or more positive responses strongly indicate dependence.)

1. Brown, R. L., Leonard, T., Saunders, L. A., & Papasouliotis, O. (1997). A two-item screening test for alcohol and other drug problems. *Journal of Family Practice*, 44, (2), 151-160.
2. Hoffmann, N. G. & Harrison, P. A. (1995). *SUDDS-IV: Substance Use Disorders Diagnostic Schedule*. Smithfield, RI: Evince Clinical Assessments.
3. Hoffmann, N. G.(1995). *TAAD: Triage Assessment for Addictive Disorders*. Smithfield, RI: Evince Clinical Assessments.

MINI SCREEN

*If **YES**, go to the corresponding M.I.N.I. module*

➢ Have you been **consistently** depressed or down, **most of the day, nearly every day,** for the past two weeks?	☐NO	☐YES	→ **A**
➢ In the past two weeks, have you been much less interested in most things or much less able to enjoy the things you used to enjoy **most of the time**?	☐NO	☐YES	→ **A**
➢ Have you felt sad, low or depressed **most of the time** for the last two years?	☐NO	☐YES	→ **B**
➢ In the past month did you think that you would be better off dead or wish you were dead?	☐NO	☐YES	→ **C**
➢ Have you **ever** had a period of time when you were feeling 'up' or 'high' or 'hyper' or so full of energy or full of yourself that you got into trouble, or that other people thought you were not your usual self ? (Do not consider times when you were intoxicated on drugs or alcohol.)	☐NO	☐YES	→ **D**
➢ Have you **ever** been persistently irritable, for several days, so that you had arguments or verbal or physical fights, or shouted at people outside your family? Have you or others noticed that you have been more irritable or over reacted, compared to other people, even in situations that you felt were justified?	☐NO	☐YES	→ **D**
➢ Have you, on more than one occasion, had spells or attacks when you suddenly felt anxious, frightened, uncomfortable or uneasy, even in situations where most people would not feel that way? Did the spells surge to a peak, within 10 minutes of starting? CODE YES ONLY IF THE SPELLS PEAK WITHIN 10 MINUTES.	☐NO	☐YES	→ **E**
➢ Do you feel anxious or uneasy in places or situations where you might have a panic attack or panic-like symptoms, or where help might not be available or escape might be difficult: like being in a crowd, standing in a line (queue), when you are away from home or alone at home, or when crossing a bridge, traveling in a bus, train or car?	☐NO	☐YES	→ **F**
➢ In the past **month** were you fearful or embarrassed being watched, being the focus of attention, or fearful of being humiliated? This includes things like speaking in public, eating in public or with others, writing while someone watches, or being in social situations.	☐NO	☐YES	→ **G**
➢ In the past **month** have you been bothered by recurrent thoughts, impulses, or images that were unwanted, distasteful, inappropriate, intrusive, or distressing? (e.g., the idea that you were dirty, contaminated **or** had germs, or fear of contaminating others, **or** fear of harming someone even though you didn't want to, **or** fearing you would act on some impulse, **or** fear or superstitions that you would be responsible for things going wrong, **or** obsessions with sexual thoughts, images or impulses, **or** hoarding, collecting, **or** religious obsessions.)	☐NO	☐YES	→ **H**

cont. MINI SCREEN

IF YES, GO TO THE CORRESPONDING M.I.N.I. MODULE

- In the past **month**, did you do something repeatedly without being able to resist doing it, like washing or cleaning excessively, counting or checking things over and over, or repeating, collecting, or arranging things, or other superstitious rituals? ☐NO ☐YES → **H**

- Have you ever experienced or witnessed or had to deal with an extremely traumatic event that included actual or threatened death or serious injury to you or someone else? EXAMPLES OF TRAUMATIC EVENTS INCLUDE SERIOUS ACCIDENTS, SEXUAL OR PHYSICAL ASSAULT, A TERRORIST ATTACK, BEING HELD HOSTAGE, KIDNAPPING, FIRE, DISCOVERING A BODY, SUDDEN DEATH OF SOMEONE CLOSE TO YOU, WAR, OR NATURAL DISASTER. ☐NO ☐YES → **I**

- Did you respond to the trauma with intense fear, helplessness, or horror? ☐NO ☐YES → **I** → **I**

- During the past month, have you re-experienced the event in a distressing way (such as, dreams, intense recollections, flashbacks or physical reactions)? ☐NO ☐YES

- In the past **12 months**, have you had 3 or more alcoholic drinks within a 3 hour period on 3 or more occasions? ☐NO ☐YES → **J**

- Now I am going to show you / **READ THE LIST BELOW** of street drugs or medicines. In the past **12 months**, did you take any of these drugs more than once, to get high, to feel better, or to change your mood? ☐NO ☐YES → **K**

amphetamines	speed	crystal meth	Dexedrine	Ritalin, diet pills, rush
cocaine	crack	freebase	speedball	
heroin	morphine, methadone	opium	Demerol	codeine, Percodan, OxyContin
LSD	mescaline	PCP, angel dust	MDA, MDMA	ecstasy, ketamine
inhalants	glue	ether	GHB	steroids
THC, marijuana	cannabis, hashish	grass	weed, reefer	barbiturates, Valium, Xanax, Ativan

- How tall are you? |__|__|__| inches

- What was your lowest weight in the past 3 months? |__|__|__| lbs

IS PATIENT'S WEIGHT LOWER THAN THE THRESHOLD CORRESPONDING TO HIS / HER HEIGHT? ☐NO ☐YES → **M**

Height (ft in)	4'9	4'10	4'11	5'0	5'1	5'2	5'3	5'4	5'5	5'6	5'7
Weight (lbs)	81	84	87	89	92	96	99	102	105	108	112
Height (ft in)	5'8	5'9	5'10	5'11	6'0	6'1	6'2	6'3			
Weight (lbs)	115	118	122	125	129	132	136	140			

- In the past **three months**, did you have eating binges or times when you ate a very large amount of food within a **2-hour** period? ☐NO ☐YES → **N**

- In the last **3 months**, did you have eating binges as often as twice a week? ☐NO ☐YES → **N**

- Have you worried **excessively** or been anxious about several things over the past 6 months? ☐NO ☐YES → **O**